WY Cancer Surveillance Program
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Wyoming Department of Health
Wyoming Cancer Surveillance
Program Fall 2006



Annual Wyoming Cancer Conference

Celebrating Hope: Collaborating to Achieve Wyoming's Vision of Cancer Prevention & Control

A must attend event designed for physicians, healthcare providers, state agencies, medical records personnel, concerned community members, cancer patients—-EVERYONE!

The 2nd Annual Wyoming Cancer Conference will be held November 2-3 in Sheridan, Wyoming. We are excited to announce exciting sessions with presentations by Dr. Brent Sherard, the Lance Armstrong Foundation, MERCK Pharmaceutical, entertainer Craig Zablocki and MORE! Breakout sessions will include the topics of pain management, culturally appropriate education outreach and support, and bringing cancer control to your community. For more information or to obtain a vendor booth at this year's conference, please contact Kathryn Hess @ 307-777-1918, email khess@state.wy.us



Meet Julia Espinoza, B.S., RHIT

The Wyoming Cancer Surveillance Program welcomed our new Program Manager, Julie Espinoza, March 27, 2006. Julie comes to Cheyenne from Paradise Valley, Arizona. She has an extensive medical records background, including supervision of a hospital cancer registry as well as Quality Manage-

ment experience. While in Arizona, she earned her Associates in Applied Science in Health Information Technology and became certified as an RHIT in 1986. She received her Bachelor's of Science degree from Arizona State University in 1996.

Congratulations!!

Monica Asher-Davis, WY Cancer Surveillance Program, is Wyoming's newest Certified Tumor Registrar (CTR). Monica passed the Fall, 2006 CTR exam. Great job!



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Abstracting Tip: Estimating Unknown Dates

The FORDS Manual allows for estimating dates when an exact date is not known. For example, on Date of Initial Diagnosis (pp. 89-90), FORDS states that "approximation is preferable to recording the date as unknown". Although not explicitly stated for other date fields such as treatment dates, approximation is preferable to unknowns in all date fields, primarily in "month" and "year"; estimating "day" is not nearly as important. Tumor registrars can be very exacting by nature and "guessing" can make registrars uneasy. However, consider the ramifications of not guessing with dates. For example, when analyzing cancer registry data, treatments cannot be properly sequenced by a computer program if month and/or year is unknown. If a facility did the surgery and it is known that radiation and chemo were given, but dates are not given, coding might read as "99/99/2006". When someone analyzes

that data at a later time, it would be impossible to tell which treatment came first. Was the chemo neoadjuvant? Did the patient have pre-operative radiation? By approximating months, these treatments could at least be arranged in proper sequence of events even if exact dates are unknown. Use all clues available when attempting to estimate a date. For example, a statement in an H&P of "healing surgical scar" might indicate a fairly recent surgery. Taking all clues together should allow for the estimation of dates most of the time, which will ultimately lead to data that are more usable.

Taken from "The Colorado Communiqué", Colorado Cancer Registrars Association newsletter

FOLLOW-UP REQUEST FORMS 101

- Q: Why does WCSP send all those lilac and cherry follow-up forms?
- A: Once each case is entered into WCSP's main data base, it is required that follow-up information be collected yearly to keep data current and accurate. This data is used for studies at all levels-county, state, national and international.



- 1. Request first sent to primary care physician listed for each patient.
- 2. If that physician has no new information, then the request goes to the other listed physicians.
- 3. If the patient has not been seen in the past year by a physician, the request goes to the reporting hospital.
- Q: What do the different colors mean?
- A: Lilac forms go to the primary care physician. If the patient has no known physicians, the reporting hospital is listed in that position of the record. Cherry forms go to any secondary physicians, clinics, treatment facilities or hospitals. The different colors help WCSP with in-house organization.
- Q: Can I cut down on the number of forms I receive?
- A; There are several ways to reduce the volume of request forms:
- 1. WCSP may not have a record of all physicians who have been involved with diagnosis, treatment and patient follow-up. Making a note of each medical contact on the form can reduce the number of forms received. The listed physicians will be contacted.
 - 2. If the patient has not been seen at your facility for more than 5 years, note that on the form. We will remove you from the contact list.
- 3. We could send you a list, every 3 or 6 months, of all of your facility's patients due for follow up. This would enable you to check your database for follow-up information at one time; therefore, the sporadic trickle of follow-up forms would be greatly reduced.
- Q: Who do I contact with follow-up questions?
- A: <u>Ginger Anderson @ 307-777-7356 or 800-458-5847 (option 3)</u> Email: <u>GANDER2@state.wy.us</u> *THANK YOU* for taking time to complete and return the "Request for Follow-Up forms"
- -Ginger Anderson, Follow-up Specialist, WY Cancer Surveillance Program

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Creating a Disease Index- Julia Espinoza, Manager, WCSP

- 1. Enter codes off of the "ICD 9 Codes for Casefinding List". Please make sure that codes are data entered exactly as they are shown on the list.
- Once these neoplasm codes are entered, only select the cases that have those neoplasm codes as principal diagnosis only.
 WCSP only needs to see the cases that have the codes as a principal diagnosis.
- 3. When printing out the report, the options of sorting alphabetically or sorting by code are available. SORTING BY CODE IS PREFERABLE. If alphabetical sorting is the only available method, this sort is also acceptable. When sorting, if space allows, include patient's name, principle diagnosis code, date of birth, admit and discharge dates and secondary codes when feasible.

HPV and Cancer

What is HPV? Genital HPV is a sexually transmitted disease (STD) that is caused by human papillomavirus (HPV). HPV is the name of a group of viruses that includes more than 100 different strains. More than 30 of these viruses are sexually transmitted, and can affect the genital areas of men and women.

Some of these viruses are called "highrisk" types, and may cause abnormal Pap tests. They may also lead to cancer of the cervix, vulva, vagina, anus, or penis.

How is genital HPV infection diagnosed?

Most women are diagnosed on the basis of abnormal Pap tests. A Pap test is the primary cancer-screening tool for cervical cancer or pre-cancerous changes in the cervix, many of which are related to HPV. No HPV tests are available for men.

What is the connection between HPV infection and cervical cancer? Approximately 10 of the 30 identified genital HPV types can lead, in rare cases, to the development of cervical cancer. Research has shown that for most women (90%), cervi-

cal HPV infection becomes undetectable within 2 years. Persistent infection with "high-risk" HPV types is the main risk factor for cervical cancer. A Pap test can detect pre-cancerous and cancerous cells on the cervix. Regular Pap testing and careful medical follow-up, with treatment if necessary, can help ensure that pre-cancerous changes in the cervix caused by HPV infection do not develop into life threatening cervical cancer. The Pap test used in U.S. cervical cancer screening programs is responsible for greatly reducing deaths from cervical cancer. For 2004, the American Cancer Society estimated that about 10,520 women will develop invasive cervical cancer and about 3 900 women will die from this disease.

-from CDC website:

www.cdc.gov/std/HPV/STDFact-HPV.htm



Most women who develop invasive cervical cancer have not had regular cervical screening.

Many thanks to Allison Bower, Laurie Boss, Deb Broomfield and Patti Reese for their committee work in organizing WCSP's summer educational meeting. Thanks to all of you for your attendance. We learned, ate good food, and had a great time meeting new people—in the beautiful setting of Jackson, Wyoming.

Our next summer meeting is tentatively planned for Cheyenne. Details will follow. Y'all come!

WY Cancer Surveillance Program 6101 Yellowstone Road #259A Cheyenne, WY 82002

Investigate, Monitor, Prevent

Mark Your Calendars	
November 1-3. 2006	Wyoming Cancer Conference; Sheridan, WY Contact: Kathryn Hess @ 307-777-1918; khess@state.wy.us
November 9-10, 2006	New Mexico Cancer Registrars Assoc.; Farmington, NM Contact: ghufnagel2@comcast.net
April 4-7, 2007	National Cancer Registrars Association Educational Conference; Las Vegas, NV Website: ncra-usa.org/
May 4, 2007	Colorado Cancer Registrars Assoc. Spring Meeting; Grand Junction, CO Contact: <u>Deb.Cordes@stmarygi.org</u>
June 9-16, 2007	North American Assoc. of Central Cancer Registries; Detroit, MI Website: http://www.naaccr.org
June, 2007	Wyoming Cancer Surveillance Program Educational Meeting; Cheyenne, WY Contact: Patti Reese @307-777-6298 ;
	preese@state.wy.us
September, 2007	Rocky Mountain Cancer Data Systems; Website: <u>rmcds1.med.utah.edu</u>
June, 2008	North American Assoc. of Central Cancer Registries; Denver, CO (details to follow) Website: http://www.naaccr.org
Ongoing:	NAACCR Webinar Series for Central Registries; on line; WY Cancer Surveillance Program; Cheyenne, WY